



2010 State Health Benefit Plan Three-Tier Prescription Drug List Reference Guide for Choice HMO

Table of Contents

Introduction	1-6
Prescription Drug List - 2010	7-29
Anti-Infectives	
Antibiotics	7
Antifungals	8
Antivirals	8
Cardiovascular/Heart Disease	
Coagulation Therapy	8
High Blood Pressure	8-10
High Cholesterol	10
Other	10
Central Nervous System	
Attention Deficit Disorder	11
Depression	11
Migraine	12
Sedatives/Hypnotics	12
Seizure Disorders	13
Other	13
Dermatology	14, 15
Endocrine/Diabetes	
Blood Glucose Monitoring	16
Growth Hormone	16
Insulin	16
Non-Insulin	17
Other	17
Eye Conditions	
Anti-Allergy	18
Antibiotics	18
Glaucoma	19
Gastrointestinal	
Acid Suppression	19
Nausea/Vomiting	19
Other	20
Men's Health	
Erectile Dysfunction	20
Prostate	20
Miscellaneous	
Miscellaneous	21
Overactive Bladder	21
Musculoskeletal	
Osteoporosis	21
Pain Relief	22, 23
Rheumatoid Arthritis	23
Other	23
Respiratory	
Asthma/COPD	24
Nasal Allergy	25
Oral Allergy	25
Women's Health	
Contraceptives	26
Estrogen/Progesterone	27
Prenatal Vitamins	27
Additional Tier 3 Drugs with a generic equivalent in Tier 1	28, 29

2010 State Health Benefit Plan Three-Tier Prescription Drug List Reference Guide for Choice HMO

Your UnitedHealthcare pharmacy benefit offers flexibility and choice in finding the right medication for you.

This guide will:

1. Help you understand your medication benefit choices and make informed decisions.
2. Help you understand which questions to ask your doctor or pharmacist.

What is a Prescription Drug List (PDL)?

A PDL is a list that categorizes into tiers medications, products or devices that have been approved by the U.S. Food and Drug Administration.

Your UnitedHealthcare pharmacy benefit provides coverage for a comprehensive selection of prescription medications. Below you will find some commonly prescribed medications for certain conditions. You and your doctor can refer to this list to select the right medication to meet your needs.

The benefit plan documents provided by your health plan include a Summary Plan Description (SPD). Please refer to this document for more details about your individual plan.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting myuhc.com or by calling the toll-free Customer Care phone number on the back of your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may visit www.welcometouhc.com/shbp for additional information during your open enrollment period or you may contact your health plan for additional information.

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your benefit coverage.

Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

This document list is effective Jan. 1, 2010 through Dec. 31, 2010. This list is subject to change.

Understanding Tiers

Prescription medications are categorized within three tiers. Each tier is assigned a copayment, the amount you pay when you fill a prescription, which is determined by your health plan. Consult your benefit plan documents to find out the specific copayments, coinsurance and deductibles that are part of your plan. **You and your doctor should decide which medication is appropriate for you.**

Tier 1 – Your Lowest-Cost Option

Tier 1 medications are your lowest copayment option. For the lowest out-of-pocket expense, always consider Tier 1 medications if you and your doctor decide they are right for your treatment.

Tier 2 – Your Midrange-Cost Option

Tier 2 medications are your middle copayment option.

Tier 3 – Your Highest-Cost Option

Tier 3 medications are your highest copayment option. If you are currently taking a medication in Tier 3, ask your doctor whether there are lower-cost Tier 1 or Tier 2 medications that may be right for your treatment.

Note: Compounded medications are medications with one or more ingredients that are prepared “on-site” by a pharmacist. These are classified at the Tier 3 level.

Please note: Refer to your enrollment materials, check the Drug Pricing/Coverage information on **www.welcometouhc.com/shbp** or log on **myuhc.com**[®], or call the toll-free Customer Care phone number on the back of your ID card for more information about your benefit plan or to inquire about additional medications that are not listed on the PDL

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting **myuhc.com** or by calling the toll-free Customer Care phone number on the back of your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may visit **www.welcometouhc.com/shbp** for additional information during your open enrollment period or you may contact your health plan for additional information.

In certain documents, the Prescription Drug List (PDL) was referred to as the “Preferred Drug List (PDL).” This change in descriptive terms does not affect your benefit coverage.

Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

This document list is effective Jan. 1, 2010 through Dec. 31, 2010. This list is subject to change.

Who makes tier placement decisions and what factors are considered?

Several factors are considered when deciding the placement of a medication on the UHC Prescription Drug List including the medication's classification. Several committees contribute and evaluate the overall health care value of the medication to ensure an unbiased approach. Committee members are various health care professionals including physicians and pharmacists with a broad range of specialties.

The two main committees are:

Our National Pharmacy and Therapeutics (P&T) Committee evaluates clinical evidence in order to determine a medication's role in therapy and its overall clinical value. In addition, the P&T Committee reviews the relative safety and efficacy of the medication.

The UnitedHealthcare PDL Management Committee evaluates the clinical recommendations of the P&T committee as well as pharmacoeconomic and economic information. Our PDL Management Committee uses the input from the National P&T Committee and our various other committees to make a tier placement decision based on the overall health care value of a particular medication, balancing the need for flexibility and choice for you and an affordable pharmacy benefit for health plans.

The PDL Management Committee helps to ensure access to a wide range of affordable medications for you.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting myuhc.com or by calling the toll-free Customer Care phone number on the back of your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may visit www.welcometouhc.com/shbp for additional information during your open enrollment period or you may contact your health plan for additional information.

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your benefit coverage.

Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

This document list is effective Jan. 1, 2010 through Dec. 31, 2010. This list is subject to change.

How often will prescription medications change tiers?

Most tier changes will occur on January 1 and July 1. Additionally, when a brand-name medication becomes available as a generic, the tier status of the brand-name medication and its corresponding generic will be evaluated. When a medication changes tiers, you may be required to pay more or less for that medication. These changes may occur without prior notice to you. **For the most current information on your pharmacy coverage, please call the toll-free Customer Care phone number on the back of your ID card or visit www.welcometouhc.com/shbp or log on myuhc.com.**

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients as brand-name medications, but they often cost less. Generic medications become available after the patent on the brand-name medication expires. At that time, other companies are permitted to manufacture an FDA-approved, chemically equivalent medication. Many companies that make brand-name medications also produce and market generic medications.

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower tier alternative is available and if it might be appropriate for you. While there are exceptions, generic medications are usually your lowest-cost option. Please note that some generic medications may be in Tier 2 or Tier 3 and will not have the lowest copayment available under your pharmacy benefit plan. Call the toll-free Customer Care phone number on the back of your ID card or visit **www.welcometouhc.com/shbp** or log on **myuhc.com** to determine the copayment for your generic medication.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting **myuhc.com** or by calling the toll-free Customer Care phone number on the back of your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may visit **www.welcometouhc.com/shbp** for additional information during your open enrollment period or you may contact your health plan for additional information.

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your benefit coverage.

Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

This document list is effective Jan. 1, 2010 through Dec. 31, 2010. This list is subject to change.

Why is the medication that I am currently taking no longer covered?

Medications may be excluded from coverage under your pharmacy benefit. For example, a prescription medication may be excluded from coverage when it is therapeutically equivalent to an over-the-counter medication. There may be alternatives on the PDL or over-the-counter medications that are appropriate for your treatment. Talk to your doctor about the most appropriate medication for you.

When should I consider discussing over-the-counter or non-prescription medications with my doctor?

An over-the-counter medication can be an appropriate treatment for some conditions. Consult your doctor about over-the-counter alternatives to treat your condition. These medications are **not covered** under your pharmacy benefit, but they may cost less than your out-of-pocket expense for prescription medications.

Why are there notations next to certain medications in the PDL, and what do they mean?

The specific definitions for these notations (**SL**, **N**, etc.) are listed at the bottom of each page of the PDL and refer to our pharmacy programs. These programs as well as our drug utilization review processes can help confirm coverage based on your benefit plan.

Please call the toll-free Customer Care phone number on the back of your ID card if you need additional information about these notations.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting myuhc.com or by calling the toll-free Customer Care phone number on the back of your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may visit www.welcometouhc.com/shbp for additional information during your open enrollment period or you may contact your health plan for additional information.

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your benefit coverage.

Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

This document list is effective Jan. 1, 2010 through Dec. 31, 2010. This list is subject to change.

What should I do if I use a self-administered injectable medication?

You may have coverage for self-administered injectable medications through your pharmacy benefit plan. UnitedHealthcare has developed a specialty pharmacy network for these medications. Please call our toll-free Specialty Pharmacy Referral Line at 1-866-429-8177. A representative will answer questions about our program and then transfer you to a specialty pharmacy based on your particular specialty medication prescription.

How do I access updated information about my pharmacy benefit?

Since the PDL may change periodically, we encourage you to call the toll-free Customer Care phone number on the back of your ID card or log on **myuhc.com** or visit **www.welcometouhc.com/shbp** for more current information.

Log on to **myuhc.com** for the following pharmacy resources and tools:

- Pharmacy benefit and coverage information
- Specific copayment amounts for prescription medications
- Possible lower-cost medication alternatives
- A list of medications based on a specific medical condition
- Medication interactions and side effects
- Locate a participating retail pharmacy by zip code
- Review your prescription history

What if I still have questions?

Please call the toll-free Customer Care phone number on the back of your ID card. Representatives are available to assist you 24 hours a day (except Thanksgiving and Christmas).

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting **myuhc.com** or by calling the toll-free Customer Care phone number on the back of your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may visit **www.welcometouhc.com/shbp** for additional information during your open enrollment period or you may contact your health plan for additional information.

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your benefit coverage.

Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

This document list is effective Jan. 1, 2010 through Dec. 31, 2010. This list is subject to change.

Anti-Infectives Antibiotics

Tier 1

A-B Otic
 Amoxicillin Trihydrate Capsule,
 Chewable Tablet, Drops,
 Suspension, Tablet
 Amoxicillin Trihydrate/
 Potassium Clavulanate
 Azithromycin
 Cefaclor
 Cefadroxil Hydrate
 Cefpodoxime Tablet
 Cefprozil
 Cefuroxime Axetil Tablet
 Cephalexin Monohydrate
 Cephadrine Capsule
 Ciprofloxacin Tablet
 Clarithromycin Tablet
 Clindamycin HCl 150, 300 mg
 Dicloxacillin Sodium Capsule
 Dimethyl Sulfoxide Solution,
 Non-Oral
 Doxycycline Hyclate
 Doxycycline Monohydrate
 Capsule
 Erythromycin Base Capsule,
 Delayed-Release
 Erythromycin Base Tablet,
 Enteric-Coated
 250, 333 mg
 Erythromycin Estolate
 Erythromycin Ethylsuccinate
 Erythromycin Ethylsuccinate/
 Sulfisoxazole Acetyl
 Erythromycin Stearate
 Methenamine Mandelate
 Metronidazole
 Minocycline HCl
 Neomycin Sulfate
 Neomycin/Polymyxin/HC
 Otic
 Nitrofurantoin Macrocrystal
 Nitrofurantoin/Nitrofurantoin
 Macrocrystal
 Ofloxacin
 Ofloxacin Otic
 Penicillin V Potassium
 Sulfadiazine
 Sulfamethoxazole/Trimethoprim
 Sulfisoxazole
 Tetracycline HCl
 Trimethoprim

Tier 2

Augmentin
 Cefdinir
 Cerumenex Otic
 Chloromycetin Otic
 Cipro Suspension
 Ciprodex Otic
 Clarithromycin Suspension
 Clarithromycin
 Sustained-Release Tablet
 Cleocin HCl 75 mg
 Dapsone
 Furadantin Suspension, Oral
 Gantrisin
 Levaquin Tablet, Solution
 Macrochantin 25 mg
 Tobit
 Vancocin HCl
 Velosef 250 mg Suspension
 Zyvox

Tier 3

Adoxa
 Augmentin XR
 Avelox
 Cedax
 Cefuroxime Axetil Suspension
 Ciprofloxacin Tablet,
 Sustained-Release 24 Hour
 Dispermox
 Doryx
 EryPed Tablet, Chewable
 Factive
 Geocillin
 Keftab
 Ketek
 Maxaquin
 Monurol
 Neggram
 Noroxin
 Oracea
 PCE
 Primisol
 Proquin XR
 Raniclor Tablet, Chewable
 Solodyn
 Suprax
 Tequin
 Vibramycin Suspension
 Vibramycin Syrup
 Xifaxan **SL**
 Zagam
 Zmax

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

N Notification required

P Progression Rx

SL Supply limit

Anti-Infectives Antifungals**Tier 1**

Clotrimazole Troche
 Fluconazole
 Griseofulvin Microsize Suspension
 Griseofulvin Ultramicrosize
 Itraconazole Capsule **SL**
 Ketoconazole
 Nystatin
 Terbinafine HCl Tablet
 Terconazole Vaginal

Tier 2

Clindesse Vaginal
 Metronidazole Vaginal
 Mycostatin
 Noxafil
 Sporanox Solution, Oral
 Vfend

Tier 3

Ancobon
 Fulvicin U/F
 Gynazole-1 Vaginal
 Lamisil Granules

Anti-Infectives Antivirals**Tier 1**

Acyclovir
 Amantadine HCl
 Ganciclovir
 Ribavirin **SL N**
 Rimantadine HCl Tablet

Tier 2

Baraclude
 Eпивir HBV
 Famciclovir
 Hepsera
 Rebetol Solution **SL N**
 Valcyte
 Valtrex

Tier 3

Flumadine Syrup
 Relenza **SL**
 Tamiflu **SL**
 Tyzeka

Cardiovascular/Heart Disease Coagulation Therapy**Tier 1**

Cilostazol
 Dipyridamole
 Heparin Sodium
 Sulfapyrazone
 Ticlopidine HCl
 Warfarin Sodium

Tier 2

Arixtra
 Coumadin
 Lovenox
 Plavix

Tier 3

Aggrenox
 Fragmin
 Innohep

Cardiovascular/Heart Disease High Blood Pressure**Tier 1**

Acebutolol HCl
 Amiloride HCl
 Amiloride HCl/
 Hydrochlorothiazide
 Amlodipine Besylate
 Atenolol
 Benazepril HCl
 Benazepril/
 Hydrochlorothiazide
 Betaxolol HCl
 Bisoprolol Fumarate/
 Hydrochlorothiazide
 Bumetanide
 Captopril

Tier 2

Aceon
 Aldactazide 50-50 mg
 Azor
 Benicar
 Benicar HCT
 Bystolic
 Cardizem CD 360 mg
 Cardizem LA
 Cozaar
 Dibenzylamine
 Diltiazem HCl Capsule,
 Sustained-Action

Tier 3

Amlodipine/Benazepril
 Atacand
 Atacand HCT
 Avalide
 Avapro
 Cardene SR
 Cardura XL
 Catapres-TTS
 Clonidine Patch,
 Transdermal Weekly
 Coreg CR
 Covera-HS
 Diovan
 Diovan HCT

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Cardiovascular/Heart Disease High Blood Pressure (cont. from page 8)**Tier 1**

Captopril/Hydrochlorothiazide
 Carvedilol
 Chlorothiazide Tablet
 Chlorthalidone
 Clonidine HCl
 Clonidine HCl/Chlorthalidone
 Diltiazem HCl
 Diltiazem HCl Capsule,
 Controlled-Release
 Diltiazem HCl Capsule,
 Sustained-Release 12 Hour
 Doxazosin Mesylate
 Enalapril Maleate
 Enalapril Maleate/
 Hydrochlorothiazide
 Felodipine
 Fosinopril
 Fosinopril/
 Hydrochlorothiazide
 Furosemide
 Guanfacine HCl
 Hydralazine HCl
 Hydralazine HCl/
 Hydrochlorothiazide
 Hydrochlorothiazide
 Indapamide
 Isradipine
 Labetalol HCl
 Lisinopril
 Lisinopril/Hydrochlorothiazide
 Methyclothiazide
 Methyldopa 250, 500 mg
 Methyldopa/
 Hydrochlorothiazide
 Metolazone
 Metoprolol Succinate Tablet,
 Sustained-Release 24 Hour
 25 mg
 Metoprolol Tartrate
 Metoprolol/
 Hydrochlorothiazide
 Minoxidil
 Nadolol
 Nadolol/Bendroflumethiazide
 Nicardipine HCl
 Nifedipine
 Nifedipine Tablet, Osmotic
 Laser-Drilled Formulation
 Pindolol
 Prazosin HCl

Tier 2

Diltiazem HCl Capsule,
 Sustained-Release
 24 Hour
 Enduron 2.5 mg
 Eplerenone
 Hyzaar
 Metoprolol Succinate Tablet,
 Sustained-Release
 24 Hour 50, 100, 200 mg
 Micardis
 Micardis HCT
 Moexipril HCl
 Nisoldipine 20, 30, 40 mg
 Quinapril HCl/
 Hydrochlorothiazide
 Sular 8.5, 10, 17, 25.5,
 34 mg

Tier 3

DynaCirc CR
 Dyrenium
 Edecrin
 Enduronyl
 Enduronyl Forte
 Exforge
 Exforge HCT
 Guanabenz Acetate
 Innopran XL
 Levatol
 Lexxel
 Minizide
 Naturetin
 Propranolol HCl
 Sustained-Action Capsule
 Tarka
 Tekturna
 Tekturna HCT
 Teveten
 Verapamil HCl Capsule,
 24 Hour Sustained-Release
 Pellets
 Wyntensin

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

N Notification required

P Progression Rx

SL Supply limit

Cardiovascular/Heart Disease High Blood Pressure (cont. from page 9)**Tier 1**

Propranolol HCl Tablet
 Propranolol HCl/
 Hydrochlorothiazide
 Quinapril HCl/Magnesium
 Carbonate
 Ramipril
 Spironolactone
 Spironolactone/
 Hydrochlorothiazide
 Terazosin HCl
 Timolol Maleate
 Trandolapril
 Triamterene/
 Hydrochlorothiazide
 Verapamil HCl

Tier 2**Tier 3****Cardiovascular/Heart Disease High Cholesterol****Tier 1**

Cholestyramine/Aspartame
 Cholestyramine/Sucrose
 Colestipol HCl
 Fenofibrate 54, 67, 134, 160,
 200 mg
 Gemfibrozil
 Lovastatin
 Pravastatin
 Simvastatin

Tier 2

Advicor
 Antara
 Altoprev
 Crestor
 Fenoglide
 Lipitor
 Lipofen
 Niaspan
 Simcor
 Tricor 48, 145 mg
 Triglide
 Vytorin
 Welchol

Tier 3

Caduet
 Lescol
 Lescol XL
 Lovaza
 Pravigard-PAC
 Trilipix
 Zetia

Cardiovascular/Heart Disease Other**Tier 1**

Amiodarone
 Digoxin
 Disopyramide
 Flecainide
 Isosorbide Dinitrate
 Isosorbide Mononitrate
 Mexiletine
 Nitroglycerin
 Procainamide
 Propafenone
 Sotalol

Tier 2

Lanoxin

Tier 3

Ethmozine
 Minitran
 Nitro-Dur
 Nitrolingual
 Rythmol SR

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Central Nervous System Attention Deficit Disorder

Tier 1

Amphetamine Aspartate/
Amphetamine Sulfate/
Dextroamphetamine
D-Amphetamine Sulfate
Tablet, Capsule,
Sustained-Action
Methamphetamine HCl Tablet
Methylphenidate

Tier 2

Adderall XR **SL**
Vyvanse **SL**

Tier 3

Amphetamine Aspartate/
Amphetamine Sulfate/
Dextroamphetamine
Capsule, Sustained-Release
24 Hour **SL**
Concerta **SL**
Daytrana **SL**
Focalin XR **SL**
Metadate CD **SL**
Methylin Solution, Oral
Methylin Tablet, Chewable
Ritalin LA **SL**
Strattera **SL**

Central Nervous System Depression

Tier 1

Amitriptyline HCl
Amitriptyline/Perphenazine
Amoxapine
Bupropion HCl **N**
Bupropion HCl Tablet,
Sustained-Action **N**
Citalopram Hydrobromide
Clomipramine HCl
Desipramine HCl
Doxepin HCl
Fluoxetine HCl Capsule
Fluvoxamine Maleate
Imipramine HCl
Maprotiline HCl
Mirtazapine
Nefazodone HCl
Nortriptyline HCl
Paroxetine HCl Tablet
Protriptyline HCl
Sertraline HCl
Tranylcypromine Sulfate
Trazodone HCl
Trimipramine Maleate
Venlafaxine HCl

Tier 2

Bupropion HCl Tablet,
Sustained-Release
24 Hour **N**
Effexor XR
Fluoxetine HCl Tablet
Nardil

Tier 3

Cymbalta
Emsam
Lexapro
Luvox CR
Marplan
Paroxetine HCl
Sustained-Release,
24 Hour
Pexeva
Pristiq
Prozac Weekly
Tofranil-PM
Venlafaxine
Extended-Release

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

N Notification required

P Progression Rx

SL Supply limit

Central Nervous System Migraine

Tier 1

Acetaminophen/Butalbital
 Acetaminophen/Caffeine/
 Butalbital **SL**
 Aspirin/Caffeine/Butalbital
 Dihydroergotamine Mesylate
 Ergotamine Tartrate/
 Belladonna Alkaloids/
 Phenobarbital
 Ergotamine Tartrate/Caffeine
 Suppository, Rectal
 Ergotamine Tartrate/
 Caffeine/Belladonna
 Alkaloids/Pentobarbital
 Isometheptene Mucate/
 Acetaminophen/
 Dichloralphenazone
 Isometheptene/
 Acetaminophen/Caffeine
 Sumatriptan Succinate
 Injection **SL**
 Sumatriptan Succinate
 Tablet **SL**

Tier 2

Cafergot
 Ergomar
 Frova **SL**
 Maxalt **SL**
 Maxalt MLT **SL**
 Migranal
 Relpax **SL**
 Sansert
 Sumatriptan Succinate
 Nasal Spray **SL**

Tier 3

Amerge **SL**
 Axert **SL**
 Migranal **SL**
 Treximet **SL**
 Zomig **SL**
 Zomig Nasal Spray **SL**
 Zomig ZMT **SL**

Central Nervous System Sedatives/Hypnotics

Tier 1

Chloral Hydrate
 Estazolam
 Flurazepam HCl
 Temazepam
 Triazolam
 Zaleplon **SL**
 Zolpidem Tartrate **SL**

Tier 2

Tier 3

Ambien **SL P**
 Ambien CR **SL P**
 Butisol Sodium
 Doral
 Lunesta **SL P**
 Restoril 7.5 mg
 Rozerem **SL P**
 Seconal Sodium
 Sonata **SL P**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Central Nervous System Seizure Disorders

Tier 1

Acetazolamide
Carbamazepine
Clonazepam
Divalproex Sodium Tablet
Ethosuximide
Gabapentin Capsule, Tablet
Lamotrigine
Levetiracetam
Mephobarbital
Phenobarbital
Phenytoin
Primidone
Topiramate Tablet
Valproic Acid
Zonisamide

Tier 2

Carbamazepine Tablet,
Sustained-Release
12 Hour
Celontin
Diasat **SL**
Dilantin
Divalproex Sodium
Divalproex Sodium Tablet,
Sustained-Release
Felbatol
Gabitril
Mebaral 50 mg
Mysoline
Neurontin Solution, Oral
Oxcarbazepine
Peganone
Phenytek
Tegretol

Tier 3

Equetro
Keppra XR
Lamictal Dose Pack
Lyrica **N**
Stavzor
Topamax Sprinkle

Central Nervous System Other

Tier 1

Alprazolam
Amantadine HCl
Benzotropine Mesylate
Bromocriptine Mesylate
Buspirone HCl
Carbidopa/Levodopa
Chlordiazepoxide HCl
Clorazepate Dipotassium
Clozapine
Diazepam
Galantamine
Lithium Carbonate
Lorazepam
Loxapine Succinate
Oxazepam
Risperidone
Ropinirole HCl
Selegiline HCl
Thiothixene 1, 2, 5, 10 mg
Trihexyphenidyl HCl

Tier 2

Akineton
Apokyn
Aricept
Aricept ODT
Clozaril
Comtan
FazaClo
Geodon
Loxitane C
Mirapex
Moban
Navane 20 mg
Orap
Seroquel
Symbyax
Tasmar
Zyprexa

Tier 3

Abilify
Azilect
Carbex
Cognex
Exelon
Invega
Kemadrin
Namenda
Paxipam
Provigil **SL N**
Razadyne Solution
Requip XL
Seroquel XR
Stalevo
Tranxene SD
Zelapar
Zyprexa Zydis

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

N Notification required

P Progression Rx

SL Supply limit

Dermatology

Tier 1

Alclometasone Dipropionate
 Cream, Ointment 0.05%
 Aluminum Chloride
 Amcinonide Cream, Ointment
 Betamethasone Dipropionate
 Cream, Lotion, Ointment
 Betamethasone
 Dipropionate/Propylene
 Glycol Gel, Lotion, Ointment
 Betamethasone DP
 Augmented Cream 0.05%
 Betamethasone Valerate
 Cream, Lotion, Ointment
 Ciclopirox Cream, Gel, Lotion
 Ciclopirox Solution, Non-Oral
 Clindamycin Phosphate
 Clobetasol Propionate Cream,
 Gel, Ointment
 Clobetasol Propionate
 Solution, Non-Oral
 Clotrimazole/Betamethasone
 Dipropionate
 Desonide Cream, Lotion,
 Ointment
 Desoximetasone Cream, Gel,
 Ointment
 Diflorasone Diacetate Cream,
 Ointment
 Diflorasone Diacetate/
 Emollient Cream
 Doxepin Cream
 Econazole Nitrate
 Erythromycin Base/Benzoyl
 Peroxide
 Erythromycin Base/Ethyl
 Alcohol
 Erythromycin Base/Ethyl
 Alcohol Swab, Medicated
 Fluocinolone Acetonide
 Cream, Ointment
 Fluocinolone Acetonide
 Solution Non-Oral
 Fluocinonide Cream, Gel,
 Ointment
 Fluocinonide Solution,
 Non-Oral
 Fluocinonide/Emollient
 Cream
 Fluorouracil

Tier 2

Aldara
 Azelex
 Benzamycin
 Condyllox Gel
 Isotretinoin
 Lidoderm **SL**
 Locoid Lipocream
 Oxsoresalen-Ultra
 Protopic **N**
 Regranex **N**
 Retin-A Micro **SL N**
 Sulfoxyl Regular
 Tazorac **SL N**
 Trisoralen
 Zovirax

Tier 3

Acanya
 Accutane
 Altabax
 Atralin **SL**
 Avita Gel **N**
 Bactroban
 Benzacilin
 Brevoxyl
 Carmol HC Cream
 Centany
 Clindagel
 Clobetasol Propionate Foam
 Clobex
 Clobex Shampoo
 Cloderm
 Cordran
 Cordran SP Cream
 Cutivate Lotion
 Denavir
 Derma-Smoother/FS
 Desonate
 Desquam-X
 Differin Gel 0.3% **SL N**
 Drysol
 Duac
 Duac-CS
 Elidel **N**
 Emla
 Epiduo
 Ertaczo
 Evoclin
 Exelderm
 Extina
 Finacea Gel
 Furacin
 Halog
 Loprox Shampoo
 Lustra-AF
 Mentax
 Metrogel 1%
 Metrolotion
 Naftin
 Noritate
 Olux-E
 Olux-Olux-E
 Oscion
 Oxistat
 Pandel Cream
 Panretin Gel
 Plexion Sct

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Dermatology (cont. from page 14)**Tier 1**

Fluticasone Propionate
 Cream, Ointment
 Gentamicin Sulfate
 Halobetasol Propionate
 Cream, Ointment
 Hyaluronate Sodium
 Suspension 0.1%
 Hydrocortisone Butyrate
 Ointment, Solution,
 Non-Oral
 Hydrocortisone Cream,
 Lotion, Ointment
 Hydrocortisone Valerate
 Cream, Ointment
 Ketoconazole Cream,
 Shampoo
 Lidocaine HCl Gel, Ointment,
 Solution
 Metronidazole Cream, Gel
 Mometasone Furoate Cream,
 Ointment, Solution
 Mupirocin Ointment
 Nystatin
 Nystatin/Triamcinolone
 Acetonide
 Podofilox Liquid
 Prednicarbate Cream
 Sulfacetamide Sodium
 Suspension, Topical
 Sulfacetamide Sodium/Sulfur
 Sulfacetamide Sodium/
 Sulfur/Urea
 Sulfacetamide Sodium/Urea
 Lotion
 Tretinoin Cream, Gel **N**
 Triamcinolone Acetonide
 Cream, Lotion, Ointment
 Urea 40% Emulsion

Tier 2**Tier 3**

Psorcon E Ointment
 Solaraze Gel
 Sulfacet-R
 Tretin-X **SL N**
 Triaz
 Umecta
 Vanos
 Vanoxide-HC
 Veragen
 Verdeso
 Vusion
 Xolegel
 Ziana

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

N Notification required

P Progression Rx

SL Supply limit

Endocrine/Diabetes Blood Glucose Monitoring**Tier 1**

Fast Take System
 Fast Take Test Strips **SL**
 Freestyle Freedom Lite System
 Freestyle Lite System
 Freestyle Lite Test Strips **SL**
 Freestyle System
 Freestyle Test Strips **SL**
 One Touch System
 One Touch Test Strips **SL**
 One Touch Ultra 2 System
 One Touch Ultra Mini System
 One Touch Ultra System
 One Touch Ultra Test Strips **SL**
 Precision Q-I-D System
 Precision Q-I-D Test Strips **SL**
 Precision Xtra System
 Precision Xtra Test Strips **SL**
 Surestep System
 Surestep Test Strips **SL**

Tier 2**Tier 3**

Accu-Chek System
 Accu-Chek Test Strips **SL**
 Ascensia System
 Ascensia Test Strips **SL**
 Assure System
 Assure Test Strips **SL**
 Prestige System
 Prestige Test Strips **SL**

Endocrine/Diabetes Growth Hormone**Tier 1****Tier 2**

Nutropin **SL N**
 Nutropin AQ **SL N**
 Nutropin Depot **SL N**
 Saizen **SL N**
 Serostim **SL N**
 Tev-Tropin **SL N**

Tier 3

Genotropin **SL N P**
 Humatrope **SL N P**
 Norditropin **SL N P**
 Omnitrope **SL N P**
 Zorbtive **SL N**

Endocrine/Diabetes Insulin**Tier 1**

Novolin 70/30 Vials
 Novolin L Vials
 Novolin N Vials
 Novolin R Vials
 NovoLog Mix 70/30 Vials
 NovoLog Vials

Tier 2

Lantus Vials
 Levemir Vials
 Novolin 70/30 Pens/
 Cartridges
 Novolin L Pens/Cartridges
 Novolin N Pens/Cartridges
 Novolin R Pens/Cartridges
 NovoLog Mix 70/30 Pens/
 Cartridges
 NovoLog Pens/Cartridges

Tier 3

Apidra
 Humalog Pens/Cartridges
 Humalog Vials
 Humulin Pens
 Humulin Vials
 Lantus Solostar Pens/
 Cartridges
 Levemir Pens
 Relion

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Endocrine/Diabetes Non-Insulin

Tier 1

Acetohexamide
Chlorpropamide
Glimepiride
Glipizide
Glyburide
Glyburide/Metformin HCl
Metformin HCl
Tolazamide
Tolbutamide

Tier 2

Acarbose
Actoplus Met
Actos
Avandamet
Avandaryl
Avandia
Byetta
Duetact
Glipizide/Metformin HCl
Glyset
Janumet
Januvia
Prandin

Tier 3

Fortamet Tablet, Sr Osmotic
Push 24 Hour
Glumetza
Riomet Solution, Oral
Starlix
Symlin

Endocrine/Diabetes Other

Tier 1

Calcitriol
Danazol
Desmopressin Acetate
Dexamethasone
Fludrocortisone Acetate
Hydrocortisone Tablet
Levothyroxine Sodium
Methimazole
Methylprednisolone Tablet,
Dose Pack 4 mg
Octreotide Acetate
Orapred
Prednisolone Sodium
Phosphate Solution, Oral
Prednisolone Syrup
Prednisone
Propylthiouracil

Tier 2

Androderm
AndroGel **SL**
Android
Aristocort Tablet
Cabergoline
Calcitonin Salmon Nasal
Spray
Calderol
Cytadren
Fortical
Halotestin
Hectorol
Hytakerol
Kuvan **SL N**
Liothyronine Sodium
Liquid Pred
Medrol 2, 8, 16, 24, 32 mg
Oxandrolone
Pediapred
Sandostatin **N**
Synarel
Synthroid
Zemplar

Tier 3

Armour Thyroid
Celestone Oral Solution
Cortone Acetate
First-Testosterone
Orapred ODT
Sensipar
Stimate
Striant
Testim **SL**
Thyrolar

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

N Notification required

P Progression Rx

SL Supply limit

Eye Conditions Anti-Allergy**Tier 1**

Cromolyn Sodium

Tier 2Elestat
Optivar**Tier 3**Acular
Alamast
Alocril
Alomide
Emadine
Livostin
Opticrom
Pataday
Patanol**Eye Conditions Antibiotics****Tier 1**Bacitracin/Polymyxin B
Sulfate
Chloramphenicol
Ciprofloxacin HCl Drops
Erythromycin Base
Gentamicin Sulfate
Neomycin Sulfate/Bacitracin
Zinc/Polymyxin B/
Hydrocortisone Ointment
Neomycin Sulfate/Bacitracin/
Polymyxin B Ointment
Neomycin Sulfate/
Dexamethasone Sodium
Phosphate
Neomycin Sulfate/Gramicidin
D/Polymyxin B Drops
Neomycin Sulfate/Polymyxin
B Sulfate/Hydrocortisone
Suspension, Drops
Neomycin/Polymyxin B
Sulfate/Dexamethasone
Ofloxacin
Polymyxin B Sulfate/
Trimethoprim
Sulfacetamide Sodium
Sulfacetamide Sodium/
Prednisolone Acetate
Sulfacetamide Sodium/
Prednisolone Sodium
Phosphate
Tobramycin Sulfate Drops**Tier 2**Blephamide S.O.P.
Tobramycin/Dexamethasone
Suspension**Tier 3**Azasite
Blephamide Suspension,
Drops
Chloroptic S.O.P. Ointment
Ciloxan Ointment
Iquix
Natacyn
Poly-Pred
Pred-G
Quixin
Tobrex Ointment
Vigamox
Zylet
Zymar

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Eye Conditions **Glaucoma**

Tier 1

Acetazolamide
Acetazolamide Capsule,
Sustained-Action
Betaxolol HCl
Brimonidine Tartrate
Carteolol HCl
Dipivefrin HCl
Dorzolamide HCl
Levobunolol HCl
Methazolamide
Metipranolol
Pilocarpine HCl
Timolol Maleate Drops

Tier 2

Alphagan P
Azopt
Betimol
Combigan
Dorzolamide HCl/Timolol
Maleate
Epifrin
Isopto Carbachol
Lumigan
Osmoglyn
P6E1
Phospholine Iodide
Pilopine HS
Travatan
Travatan Z

Tier 3

Betoptic S
Iopidine
Istalol
Rescula
Xalatan

Gastrointestinal **Acid Suppression**

Tier 1

Cimetidine Tablet, Liquid
Misoprostol
Omeprazole
Ranitidine HCl Syrup
Sucralfate Tablet

Tier 2

Aciphex
Axid Oral Solution
Helidac
Prevpac
Protonix
Pylera
Zegerid

Tier 3

Carafate Oral Suspension
Nexium Capsule
Nexium Suspension
Pantoprazole
Pepcid Suspension, Oral
Prevacid Capsule,
Delayed-Release
Enteric-Coated
Prevacid Naprapac
Prevacid Solutab
Prevacid Suspension,
Delayed-Release,
Reconst.
Prilosec Rx 10, 20 mg
Prilosec Rx 40 mg

Gastrointestinal **Nausea/Vomiting**

Tier 1

Dronabinol
Ondansetron **SL**
Prochlorperazine Maleate
25 mg Suppository, Rectal
Prochlorperazine Maleate
Tablet
Trimethobenzamide HCl
Capsule

Tier 2

Compazine 2.5, 5 mg
Suppository
Compazine Syrup
Emend **SL**
Granisetron HCl Tablet **SL**
Kytril Solution, Oral **SL**
Torecan

Tier 3

Anzemet **SL**
Cesamet **SL**
Sancuso **SL**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

N Notification required

P Progression Rx

SL Supply limit

Gastrointestinal **Other**

Tier 1

Mesalamide
Metoclopramide
Polyethylene Glycol
Sulfasalazine

Tier 2

Apriso
Canasa
Dipentum
Entocort EC
GoLYTELY Packet
Lialda
Lotronex
Relistor
Trilyte with Flavor Packets

Tier 3

Amitiza **SL N**
Asacol
Asacol HD
Halflytely-Bisacodyl
Moviprep
Pentasa

Men's Health **Erectile Dysfunction**

Tier 1

Tier 2

Tier 3

Caverject **SL**
Cialis **SL**
Edex **SL**
Levitra **SL**
Muse **SL**
Viagra **SL**

Men's Health **Prostate**

Tier 1

Doxazosin Mesylate
Finasteride **N**
Terazosin HCl

Tier 2

Tier 3

Avodart **N**
Flomax
Uroxatral

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Miscellaneous

Tier 1

Azathioprine
Benzonatate
Chlorhexidine Gluconate
Folic Acid
Phenazopyridine
Prednisolone Acetate
Promethazine/Codeine
Tamoxifen
Vitamin D (Rx only)

Tier 2

Arimidex
Aromasin
Cellcept Suspension
Fareston
Femara
Myfortic
Neoral
Prograf
Rapamune
Sandimmune
Twinject **SL**

Tier 3

Epipen **SL**
Epipen Jr **SL**
Restasis **N**
Soltamox
Tussionex **SL**

Miscellaneous Overactive Bladder

Tier 1

Dicyclomine HCl Tablet
Flavoxate HCl
Hyoscyamine Sulfate
Oxybutynin Chloride

Tier 2

Enablex
Oxytrol
Pro-Banthine
Sanctura XR
Vesicare

Tier 3

Detrol
Detrol LA
Sanctura

Musculoskeletal Osteoporosis

Tier 1

Alendronate Sodium **SL**
Estradiol
Estradiol Patch, Transdermal
Weekly
Estropipate Tablet

Tier 2

Actonel **SL**
Actonel with Calcium **SL**
Boniva **SL**
Calcitonin Salmon Nasal
Spray
Climara
Esclim
Estraderm
Evista
Forteo **N**
Fortical
Ogen Cream
Vivelle
Vivelle-Dot

Tier 3

Fosamax Plus D **SL**
Premarin

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

N Notification required

P Progression Rx

SL Supply limit

Musculoskeletal Pain Relief

Tier 1

Acetaminophen/Butalbital
 Acetaminophen/Caffeine/
 Butalbital **SL**
 Acetaminophen/
 Phenyltoloxamine Citrate
 Aspirin/Caffeine/Butalbital
 Codeine Phosphate/
 Acetaminophen **SL**
 Codeine Phosphate/
 Acetaminophen/Caffeine/
 Butalbital **SL**
 Codeine Phosphate/Aspirin/
 Caffeine/Butalbital
 Codeine Sulfate
 Diclofenac Potassium
 Diclofenac Sodium
 Dihydrocodeine Bit/
 Acetaminophen/Caffeine
 Etodolac
 Fenoprofen Calcium
 Fentanyl Transdermal **SL**
 Flurbiprofen
 Hydrocodone Bit/
 Acetaminophen **SL**
 Hydrocodone Bit/
 Acetaminophen Elixir,
 Tablet **SL**
 Hydromorphone HCl Tablet
 Ibuprofen
 Ibuprofen/Hydrocodone
 Indomethacin
 Ketoprofen
 Ketorolac Tromethamine
 Levorphanol Tartrate
 Meclofenamate Sodium
 Meloxicam
 Meperidine HCl
 Methadone HCl
 Morphine Sulfate Solution,
 Oral
 Morphine Sulfate Suppository,
 Rectal 5 mg
 Morphine Sulfate Tablet,
 Sustained-Action
 Nabumetone
 Naproxen
 Naproxen Sodium
 Oxaprozin
 Oxycodone HCl

Tier 2

Codeine Phosphate
 Butorphanol Tartrate Aerosol,
 Spray **SL**
 Fentanyl Citrate
 Lollipop **SL N**
 MSIR Capsule
 OxyContin **SL**
 RMS-Suppository
 10, 20, 30 mg
 Tolmetin Sodium
 Voltaren Gel

Tier 3

Arthrotec
 Avinza **SL**
 Celebrex
 Equagesic
 Fentora **SL N**
 Flector
 Hycet
 Kadian **SL**
 Mefenamic Acid
 Opana **SL**
 Opana ER **SL**
 Subutex **SL N**
 Synalgos-DC
 Triaprin
 Ultram ER
 Xodol
 Zydone

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Musculoskeletal Pain Relief (cont. from page 22)**Tier 1**

Oxycodone HCl Concentrate,
Oral
Oxycodone HCl/
Acetaminophen **SL**
Oxycodone HCl/Ibuprofen
Oxycodone/Aspirin
Pentazocine HCl/
Acetaminophen
Pentazocine HCl/Naloxone
HCl
Piroxicam
Propoxyphene Napsylate/
Apap **SL**
Sulindac
Tramadol HCl
Tramadol HCl/
Acetaminophen **SL**

Tier 2**Tier 3****Musculoskeletal Rheumatoid Arthritis****Tier 1**

Azathioprine
Hydroxychloroquine Sulfate
Leflunomide
Methotrexate Sodium
Sulfasalazine

Tier 2

Cimzia **SL N**
Cuprimine
Enbrel **SL N**
Humira **SL N**
Rheumatrex
Simponi **SL N**
Trexall

Tier 3

Kineret **SL N**

Musculoskeletal Other**Tier 1**

Baclofen
Carisoprodol
Cyclobenzaprine
Methocarbamol
Tizanidine

Tier 2

Orphenadrine
Orphenadrine Compound
Robaxisal

Tier 3

Skelaxin
Soma 250 mg
Zanaflex

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

N Notification required

P Progression Rx

SL Supply limit

Respiratory Asthma/COPD

Tier 1

Albuterol Aerosol **SL**
 Albuterol Sulfate
 Asmanex **SL**
 Cromolyn Sodium Ampul for
 Nebulization
 Dyphylline
 Foradil **SL**
 Guaifenesin/Dyphylline
 Ipratropium Bromide Solution,
 Non-Oral
 Isoetharine HCl Solution,
 Non-Oral
 Metaproterenol Sulfate
 Pulmicort Flexhaler **SL**
 QVAR **SL**
 Terbutaline Sulfate
 Theophylline
 Ventolin HFA **SL**

Tier 2

Alupent **SL**
 Elixophyllin GG
 Intal **SL**
 Proventil Tablet,
 Sustained-Action
 Pulmicort Respules **SL**
 Singulair **SL**
 Slo-Phyllin
 Spiriva **SL**
 Symbicort **SL**
 Tilade **SL**
 T-Phyl

Tier 3

Accolate **SL**
 Advair Diskus **SL**
 Advair HFA **SL**
 Aerobid **SL**
 Aerobid-M **SL**
 Albuterol Sulfate/Ipratropium
 Solution, Non-Oral
 Alvesco **SL**
 Atrovent HFA **SL**
 Azmacort **SL**
 Brovana
 Combivent **SL**
 Elixophyllin Elixir
 Elixophyllin-KI Elixir
 Flovent Diskus **SL**
 Flovent HFA **SL**
 Lufyllin Tablet
 Maxair Autohaler **SL**
 Perforomist **SL**
 Proair HFA **SL**
 Proventil HFA **SL**
 Quibron-T Tablet
 Serevent Diskus **SL**
 Theo-24
 Uniphyl
 Volmax
 Xopenex HFA **SL**
 Xopenex Vial, Nebulizer **SL**
 Zyflo
 Zyflo CR **SL**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Respiratory Nasal Allergy

Tier 1

Flunisolide
Fluticasone Propionate **SL**

Tier 2

Astelin **SL**
Nasonex **SL**

Tier 3

Astepro
Beconase AQ **SL**
Nasacort
Nasacort AQ
Omnaris
Rhinocort Aqua
Veramyst

Respiratory Oral Allergy

Tier 1

Clemastine Fumarate
Hydroxyzine HCl
Phenylephrine HCl/
Chlorpheniramine Maleate/
Scopolamine Syrup
Phenylephrine HCl/
Phenylpropanolamine
HCl/Phenyltoloxamine/
Chlorpheniramine
Phenylephrine HCl/
Promethazine HCl
Pseudoephedrine HCl/
Brompheniramine Maleate
Pseudoephedrine HCl/
Chlorpheniramine Maleate

Tier 2

Atarax 100 mg

Tier 3

Allegra ODT
Allegra Suspension
Allegra-D
Bromfed Tablet
Clarinet
Clarinet-D
Dallergy Drops, Tablet
Dallergy Jr.
Deconamine Chewable Tablet
Fexofenadine
Histex CT
Lodrane
Rynatan Pediatric
Rynatuss
Semprex-D
Xyzal

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

N Notification required

P Progression Rx

SL Supply limit

Women's Health Contraceptives

Tier 1

Desogestrel-Ethinyl Estradiol
 Desogestrel-Ethinyl Estradiol/
 Ethinyl Estradiol
 Ethinyl Estradiol/Desogestrel
 Ethynodiol D-Ethinyl Estradiol
 Levonorgestrel-Ethinyl
 Estradiol
 Medroxyprogesterone Acet
 150 mg/ml
 Norethindrone A-E Estradiol
 Norethindrone-Mestranol
 Norgestrel-Ethinyl Estradiol
 Ortho Micronor
 Ortho Tri-Cyclen
 Ortho-Cyclen
 Ortho-Novum 7/7/7

Tier 2

NuvaRing
 Ovrette
 Plan B
 Yasmin
 Yaz

Tier 3

Alesse
 Camila
 Cyclessa
 Depo-SubQ Provera
 Desogen
 Errin
 Ethinyl Estradiol/
 Drospirenone
 Femcon Fe
 Jolivet
 Levonorgestrel-Ethinyl
 Estradiol Tablet, Dosepak,
 3 month **SL**
 Lo/Ovral
 Loestrin 24 Fe
 Lybrel
 Mononessa
 Nor-Q-D
 Nora-Be
 Norethindrone A-E Estradiol/
 Ferrous Fumarate
 Norethindrone Acetate
 Necon 7/7/7
 Nortrel 7/7/7
 Ortho Evra
 Ortho Tri-Cyclen Lo
 Ovcon
 Ovcon 35 Fe
 Previfem
 Seasonique
 Sprintec
 Tri-Previfem
 Tri-Sprintec
 Trinessa
 Triphasil

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Women's Health Estrogen/Progesterone

Tier 1

Estradiol
Estradiol Patch, Transdermal
Weekly
Estropipate Tablet
Medroxyprogesterone Acet
Methyltestosterone/
Estrogens, Esterified Tablet
Norethindrone

Tier 2

Activella 0.5 mg/0.1 mg
Cenestin
Climara
Crinone **N**
Divigel
Enjuvia
Esclim
Estraderm
Estradiol 1 mg/
Norethindrone Acetate
0.5 mg
Estratest
Estratest H.S.
Estring
Evamist
Ogen Cream
Ortho-Dienestrol Cream
Ovrette
Prefest
Prometrium
Vagifem
Vivelle
Vivelle-Dot

Tier 3

Alora
Angeliq
Climara Pro
Combipatch
Elestrin
Endometrin
Esclim
Estinyl
Estrasorb
Estrogel
Femhrt
Femring
Femtrace
First-Progesterone
First-Progesterone VGS
Gynodiol 1.5 mg
Menest
Menostar Patch, Transdermal
Weekly
Premarin
Premphase
Prempo
Prochieve **N**

Women's Health Prenatal Vitamins

Tier 1

Folic Acid
Prenatal Vitamins/Iron,
Carbonyl/Docusate/Folic
Acid
Prenatal Vitamins/Vitamin A/
Iron Fumarate/Folic Acid

Tier 2

PNV No. 52/Iron B-G
Suc-Pro/FA
Prenatal Vitamins/Fe Asp
Gly/Docusate/Folic Acid
Pruet DHA
Pruet DHA EC
Renate DHA
Renate DHA Extra
Setonet
Setonet-EC

Tier 3

Brand Prenatal Vitamins

Additional Tier 3 Drugs with a generic equivalent in Tier 1

Accupril (Quinapril)	Ditropan XL (Oxybutynin Chloride Tablet, Sustained-Release)	Monopril (Fosinopril)
Adderall (Amphetamine with Dextroamphetamine Salt Combination)	Duragesic SL (Fentanyl Transdermal SL)	Monopril HCT (Fosinopril with Hydrochlorothiazide)
Aldactone (Spironolactone)	Duricef (Cefadroxil)	Motrin (Ibuprofen) - Prescription strengths only
Altace (Ramipril)	Dyazide (Triamterene with Hydrochlorothiazide)	Naprosyn (Naproxen) - Prescription strengths only
Amaryl (Glimepiride)	Dynacirc (Isradipine)	Nasarel, Nasalide SL (Flunisolide Nasal Spray SL)
Ambien SL P (Zolpidem SL)	Effexor (Venlafaxine)	Neurontin Capsule, Tablet (Gabapentin)
Anaprox (Naproxen)	Eskalith CR (Lithium Carbonate Controlled-Release)	Norvasc (Amlodipine Besylate)
Ativan (Lorazepam)	Fioricet SL (Butalbital with Acetaminophen and Caffeine SL)	Ocuflox Eye Drops (Ofloxacin)
Augmentin ES (Amoxicillin with Potassium Clavulanate)	Flonase (Fluticasone Nasal Spray)	Paxil (Paroxetine)
Biaxin Tablet (Clarithromycin Tablet)	Floxin Otic (Ofloxacin Otic Drops)	Penlac (Ciclopirox Solution, Non-Oral)
Buspar (Buspirone)	Fosamax SL (Alendronate SL)	Percocet 5-325, 7.5-500, 10-650 SL (Oxycodone with Acetaminophen SL)
Calan, Calan SR (Verapamil)	Glucophage, XR (Metformin)	Plendil (Felodipine)
Capoten (Captopril)	Glucotrol, XL (Glipizide)	Pletal (Cilostazol)
Cardizem CD except for 360 mg strength (Diltiazem Sustained-Release 24 Hour Capsule)	Glucovance (Glyburide with Metformin)	Pravachol (Pravastatin)
Cardura (Doxazosin)	Hytrin (Terazosin)	Prilosec (Omeprazole)
Ceftin (Cefuroxime)	Imitrex Injection SL (Sumatriptan Succinate Injection SL)	Prinivil, Zestril (Lisinopril)
Cefzil (Cefprozil)	Imitrex Tablet SL (Sumatriptan Succinate Tablet SL)	Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide)
Celexa (Citalopram)	Inderal (Propranolol)	Procardia XL (Nifedipine Extended-Release)
Ciloxan Eye Drops (Ciprofloxacin)	Keflex (Cephalexin)	Proscar N (Finasteride N)
Cipro (Ciprofloxacin)	Keppra (Levetiracetam)	Provera (Medroxyprogesterone)
Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs)	Klonopin (Clonazepam)	Prozac (Fluoxetine Capsule)
Colestid (Colestipol)	Lamictal (Lamotrigine)	Relafen (Nabumetone)
Coreg (Carvedilol)	Lamisil Tablet SL (Terbinafine Tablet SL)	Remeron (Mirtazapine)
Darvocet-N SL (Propoxyphene with Acetaminophen SL)	Lasix (Furosemide)	Remeron SolTab (Mirtazapine Dispersible Tablet)
DDAVP (Desmopressin)	Lofibra (Fenofibrate Micronized)	Requip (Ropinirole)
Depakote (Divalproex Sodium Tablet, Enteric-Coated)	Lopid (Gemfibrozil)	Restoril 15, 30 mg (Temazepam)
Depo-Provera (Medroxyprogesterone Acetate 150 mg/ml)	Lopressor (Metoprolol)	Risperdal (Risperidone)
DiaBeta, Micronase, Glynase (Glyburide)	Mavik (Trandolapril)	Ritalin (Methylphenidate)
Didronel (Etidronate Disodium)	Medrol Dosepak (Methylprednisolone)	Ritalin SR (Methylphenidate Extended-Release)
Diflucan (Fluconazole)	Mevacor (Lovastatin)	Sonata SL P (Zaleplon SL)
	Mobic (Meloxicam)	Surmontil (Trimipramine Maleate)

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Additional Tier 3 Drugs with a generic equivalent in Tier 1

Tenoretic (Atenolol with
Chlorthalidone)
Tenormin (Atenolol)
Tiazac (Diltiazem)
Topamax (Topiramate)
Toprol XL 25 mg
(Metoprolol Succinate
Sustained-Release)
Trusopt (Dorzolamide Eye
Drops)
Tylenol #3 **SL**
(Acetaminophen with
Codeine **SL**)
Ultracet **SL** (Tramadol with
Acetaminophen **SL**)
Ultram (Tramadol)
Valium (Diazepam)
Vaseretic (Enalapril with
Hydrochlorothiazide)
Vasotec (Enalapril)
Vicodin **SL**, Vicodin ES **SL**
(Acetaminophen with
Hydrocodone **SL**)
Vicoprofen (Ibuprofen with
Hydrocodone)
Voltaren Tablet (Diclofenac)
Wellbutrin **N** (Bupropion **N**)
Wellbutrin SR **N** (Bupropion
Sustained-Action **N**)
Xanax, Xanax XR
(Alprazolam)
Zantac Syrup (Ranitidine
Syrup)
Ziac (Bisoprolol with
Hydrochlorothiazide)
Zithromax (Azithromycin)
Zocor (Simvastatin)
Zofran **SL** (Ondansetron **SL**)
Zoloft (Sertraline)
Zonegran (Zonisamide)
Zovirax Capsule, Tablet,
Suspension (Acyclovir)

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

N Notification required

P Progression Rx

SL Supply limit



myuhc.com[®] Medication Costs and Comparisons





www.myuhc.com



Printed on paper containing recycled material.

© 2009 Medco Health Solutions, Inc. / UnitedHealthCare Services, Inc. All rights reserved.

Created October, 2009. For the most current PDL updates, visit **myuhc.com** or call the phone number on the back of your ID card.

DL387910 UHC GDCH_Choice HMO A300 1/10 Advantage PDL